

Supervision and Mentoring

The Fellowship is an organized training program. Supervision and regular participation in the didactic seminars are required components of the Fellowship. In a typical week, each Fellow participates in:

1. Two hours of individual supervision per week with a licensed psychologist.
2. Additional supervision from designated supervisor(s) in a specialty area of practice will also be set up to support training needs and meet Fellowship goals as appropriate.
3. One to two hours of group supervision per week including:
 - a. One hour with primary outpatient consultation group, meeting weekly.
 - b. Additional group consultation time with specialty consultation groups which typically meet monthly (testing consult, trauma consult, multicultural consult, and group consult with Training Director or PHP Manager). Please see list of scheduled consult times in Appendices.
4. Approximately one hour of didactic training and/or one to two hours of meetings per week including but not limited to:
 - a. Monthly Fellowship Department Didactic
 - b. Monthly Individual Meeting with Training Director
 - c. Monthly Fellowship Didactic/Meeting with Training Director.
 - c. Bi-monthly Behavioral Health Department trainings/meetings
 - d. Bi-monthly Schwartz Center Rounds
 - e. Four sessions Fellowship Diversity and Inclusion training series
 - f. Weekly Fellow Peer/Consultation meeting space (TD attends as needed)

SUPERVISION:

Requirements: Supervision is an integral part of the training experience. Fellows will participate in at least two hours of individual supervision with licensed psychologists per week as described above. Fellows will each have a primary supervisor, along with designated supervisors, who provide additional training in specialty areas. A supervision contract will be completed by all Fellows and their regularly scheduled primary and designated supervisors (see Supervision Contract in Appendices). A Supervision Log including a Fellow's supervision hours is maintained by the Fellow and reviewed by the Fellow and their supervisors throughout the year, to ensure that hours are met for licensure at the conclusion of the postdoctoral Fellowship year (see Supervision Log in Appendices).

Program Organization and Models of Supervision: Our supervision is provided within three broad arching supervision/training models. First, supervision is conducted within a competency-based training model, reflected in our utilization of a competency-based measure which provides descriptions of developmental levels of professional conduct and skills, to help ensure that timing, amount, and focus of feedback is appropriate and meaningful. Second, program faculty and supervisors are committed to a developmental training approach that is designed to support the acquisition of professional competence, meeting the unique developmental needs of the Fellow. Last, we utilize Bronfenbrenner's

Ecological Model as a framework for understanding the complex systems that influence the Fellow's training.

In addition to these broad arching training models, most supervisors have also been trained in the SHAPE model of supervision: Utilizing ACT principles in supervision, and the Resiliency-Focused Supervision Model, a culturally responsive, strengths-based framework, developed to assist supervisors in helping supervisees manage stress, avoid burnout, and be successful in the workplace. While all supervisors support the Fellows in managing stress and burnout and strengthening resiliency, each Fellow has an identified supervisor that reviews program resources with the Fellow, related to strengthening self-care and Fellow resiliency.

Individual supervisors may have additional training in other supervision models (i.e., Reflective Supervision, Bernard's Model). Supervisors are encouraged to share information about their supervision approach and/or philosophy with Fellows. Supervisors are encouraged to participate in department-wide Supervisor Continuing Education (CE) opportunities and additional CE opportunities to maintain and enhance competency. A list of CE opportunities and resources for supervisors is maintained on our Teams site. Information from supervisors is also requested, to help ensure they meet competency in supervision.

To enhance communication and coordination of a Fellow's training goals, supervisors meet as a "supervision team" multiple times throughout the year. To further enhance supervisor competencies and enhance support and communication between program faculty and supervision teams, twice annual supervision Continuing Education (CE) sessions are offered to program faculty.

Primary Supervisors: Fellows will each have one primary supervisor who provides individual supervision. All primary supervisors have a doctoral degree in psychology and are licensed psychologists in the state of Minnesota. Primary supervisors are clinically and professionally responsible for services provided by Fellows. Fellows will meet with their primary supervisor for one hour of individual supervision each week they are in the clinic engaged in clinical work. If their primary supervisor is unavailable for supervision, it will be rescheduled with the primary supervisor and/or with a designated supervisor. Primary supervisors will be responsible for ensuring that Fellows overall training needs are being met and will communicate with any designated supervisors that are working with the Fellow in specialized training areas.

Designated Supervisors: Fellows will also meet with designated supervisors, who will provide individual supervision focused on a specialty area to complement the training and provide for more breadth and depth of training. All designated supervisors will coordinate supervision with the primary supervisors and the primary supervisor will maintain responsibility for all services provided by Fellows. In some cases, in addition to providing

clinical supervision and record review, the designated supervisor will also sign documentation, as deemed appropriate by the primary supervisor.

Supervision Contract: A supervision contract will be signed by all Fellows and their primary supervisor (with input from their designated supervisors, with whom they have regularly scheduled supervision). This will be reviewed by the Fellow and their primary supervisor at the onset of the Fellowship year and reviewed on an ongoing basis throughout the year. Please refer to the supervision contract in the Appendices for more details on the roles and responsibilities of supervisors and Fellows.

Disclosure of Supervision: It is the responsibility of the Fellow to disclose information related to supervision and to provide patients with their supervisor's name and contact information. For guidance on disclosing this to patients and documenting disclosure in the patient chart see "Disclosure of Supervision" in the appendices. Supervisors will co-sign all notes. A brief consultation note will be placed in the patient's file when a directive is provided during supervision. See Supervision-Consultation Note in the Appendices.

Group Supervision/Case Consultation Groups: Fellows will meet for group supervision/case consultation with their primary consultation team weekly and will meet with additional specialty supervision/case consultation groups throughout the month (psychological assessment, trauma therapy, multicultural issues, additional group consult). Monthly, they are expected to attend 4 hours of group supervision with their primary consultation team and 4 hours of group supervision/case consultation with a specialty supervision/consultation team. Fellows may be required to attend an additional specialty consultation group, based on their current rotation (i.e., attend weekly eating disorder (ED) consultation groups if currently rotating through the multidisciplinary ED clinic. The clinic currently offers the following supervision/case consultation groups:

Weekly Clinic Consultation Groups: Fellows are assigned to a "primary team" and required to meet with them each week throughout the year, attendance at other weekly consultation groups is optional and based on training/consultation needs.

- BH Child and Adolescent Clinic – Tuesdays 12-1 p.m.
- Integrated Behavioral Health Consult Group – Thursdays 8-9 a.m.
- Adult Behavioral Health Testing Consult Group – Mondays 12-1 p.m.
- Adult Consult Group – Tuesdays and/or Wednesdays 12-1 p.m.
- Eating Disorders Consult – Wednesdays 12-1 p.m.

Specialty Consultation Groups: (*required consults are in italics*)

- *Multicultural Consult – First Thursday of each month 12-1 p.m.*
- *Trauma Consult – Second Thursday of each month 12-1 p.m.*
- *Assessment Consult – Adult Rotation required to attend once monthly; they are held each Monday from 12-1 p.m.; Child/Adolescent rotation is third Thursday of each month 12-1 p.m.*
- *Group Fellow Consult with Director of Fellowship Program – First Friday of each month 12 p.m. or Group Consult with Manager of Partial Hospitalization Program (every other Thursday from 3-4 p.m.)*
- LGBTQ+ Consult Group – First Monday of each month 12-1 p.m.

- Sexual and Gender Medicine Clinic Care Meeting - Last Wednesday of each month 12-1 p.m.
- ART Consult Group- First Tuesday of each month 12-1 p.m.
- Adult PHP/IOP Consult Group meets monthly second Wednesday 3:30-4:30 p.m.
- Adult PHP/IOP Consult Group meets monthly fourth Wednesday 3-3:30 p.m.

Supervision Advisory Committee: A group of providers who bring unique knowledge and skills which augment the knowledge and skills of the postdoctoral Training Director to guide the Postdoctoral Training Program more effectively within CentraCare SCH Behavioral Health Department.

To be made up of three to six providers, preferably at least one from each area of clinical expertise (adult clinical, child clinical, health psychology) who agree to meet three times per year, and possibly respond to and/or provide occasional feedback to the director of the postdoctoral program at other times. Participants will rotate on/off the committee at least every few years (staggered), to ensure some continuity, yet create space for new ideas/perspectives. Requesting 1-year commitment, with at least one member being actively engaged in the supervision of a Fellow. The Supervision Committee has the following purpose:

1. Provide advice and feedback concerning the plans of the program as it relates to meeting competencies needed in supervision.
2. Provide feedback and guidance on policies and/or forms related to supervision.
3. Make recommendations and/or provide key information and materials (if appropriate), related to our program's delivery of supervision, to the director of the postdoctoral program as it relates to our postdoctoral Fellows in training.

MENTORING:

Mentoring is ongoing throughout the training year. Fellows get professional and personal mentoring during didactics and supervision. Clinic providers may offer mentoring in academics by giving opportunities for participating in research, teaching, and presentations. Most importantly, the clinic providers are invested in the success of Fellows beyond Fellowship and continue to mentor former Fellows well beyond the completion of the Fellowship. In addition to mentoring from supervisors and team members, each Fellow will also have an identified "Mentor" who meets with them throughout the training year to provide additional support.